

EDITORIAL COMMENT†

SCHOOL HEALTH PROGRAMS AND THE MEDICAL PROFESSION*

For the most part, practitioners of medicine and surgery and their specialties have failed to recognize the significance and importance of health programs as being developed in the public schools of this country. School health programs, to a great extent, are associated in the physician's mind with a wish-wash, half-hearted attempt upon the part of school teachers to teach a few health rules such as cleanliness, posture, brushing teeth, etc.

Following are some reasons for this concept:

School health work began many years ago, with few exceptions, as a part of physical education with poorly developed programs. Some less progressive schools continued to have relatively poor programs. Few physicians contact the work directly, because it is carried on within the school department by one or more selected individuals. Physicians, by and large, are incredibly "too busy" to give thought to school health work. An occasional physician feels the school health program is attempting to replace him in his profession in the community. Many physicians are so completely absorbed in their profession, and admirably so, that they are disinclined to find time to contribute to public affairs. School health programs have not been brought to the attention of physicians properly or effectively.

Following is a brief résumé of the functions of a typical school health program:

1. Sanitation. The sanitation of our school children's physical environment, including buildings, grounds, and equipment, is important. Proper sanitary conditions in the schools not only protect the health of the pupils during their school life, but carry over educationally into adult life.

2. Health Service. First aid, health inspections by physicians and nurses, health notices, nurse follow-ups, getting the pupil into the hands of the family physician, communicable disease control, attendance problems, readmission after illness, immunization, skin testing for tuberculosis, nutrition programs, competitive athletic examinations, etc., form the bulk of health service in the schools. Communities differ individually as to methods used in promoting school health service.

3. Health Education. Health education is the most important part of the school health program. It is the fundamental responsibility of the school. It is the very basis of progress in the utilization of the discoveries of medical science to aid mankind. The family physician has difficulty in gaining coöperation with an unintelligent patient. The Public Health Department's efforts to control social and communicable diseases, to promote sani-

tation and preserve community health, are frequently made ineffective by widespread ignorance of the fundamentals of health.

Health education for the masses is developing rapidly through the public schools. Through contacts in the schools of the activities listed under the heading "Health Service," all children, rich and poor, are taught fundamentals of health. Some schools have health teachers specially trained in the field of health information. Many authentic health texts are available for reference work in the schools. The more progressive schools have appropriate health informational materials integrated with all courses of study of the curriculum. Health education is also being taught through special projects and activities of many kinds familiar only to the educator.

The school health program, as a whole, is coming to be an important influence in many communities. It is developing rapidly. It needs guidance and support. It is challenging the attention of the American physician.

How are physicians going to react to this great social and professional influence? The physician pays taxes that support the schools, his own children attend the schools, his work in the field of medicine is affected in some way by it. Is he going to be "too busy" to be interested? Is it not the type of health information taught in the public schools of any importance to him? Will he continue to be "too busy" to help guide and control, or at least be cognizant of one of the greatest influences on his profession in America?

School authorities will welcome suggestions and advice of physicians of good standing in the community. What group could a school department turn to for advice and consideration of its health problems that is better prepared than the physicians themselves? One of the greatest responsibilities of the medical society and the Public Health Department of every community is to give support and guidance to the school administration in the carrying out of a well-organized and adapted school health program.

G. G. WETHERILL,
San Diego.

ADRENALIN CHLORID IN 1:100 STRENGTH IN OPHTHALMOLOGY

John Green,¹ in 1930, first reported upon the use, in fifteen cases, of a solution of adrenalin chlorid, 1:100, in the form of drops in the conjunctival sac. This concentrated solution, which had been supplied him for experimental purposes, was not again used in ophthalmology to the best of our knowledge since that time, and we have found no further mention of it in the literature until June, 1935, when Graesser and Rowe² reported at the meeting of the Association for the Study of Allergy, at Atlantic City, on a new

¹ Green, John: Two Per Cent Epinephrin Solutions as Substitutes for Laevo-Glaucosan, *Arch. Ophth.*, 5:350 (March), 1931.

² Graesser, James B., and Rowe, Albert H.: The Inhalation of Epinephrin for the Relief of Asthmatic Symptoms, *J. Allergy*, 6:415 (July), 1935.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

* From the office of the Director Health Education, San Diego City Schools.